

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)  
FOR NONSEDATING ANTIHISTAMINE DRUGS**

**INSTRUCTIONS:** Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Nonsedating Antihistamine Drugs Completion Instructions (HCF 11082A).

Dispensing providers are required to have a completed PA/PDL for Nonsedating Antihistamine Drugs form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a paper PA request.

**SECTION I — RECIPIENT INFORMATION**

1. Name — Recipient (Last, First, Middle Initial)	2. Date of Birth — Recipient
3. Recipient Medicaid Identification Number	

**SECTION II — PRESCRIPTION INFORMATION**

4. Drug Name	5. Strength
6. Date Prescription Written	7. Directions for Use
8. Diagnosis — Primary Code and / or Description	
9. Name — Prescriber	10. Drug Enforcement Agency Number
11. Address — Prescriber (Street, City, State, Zip Code)	
12. Telephone Number — Prescriber	

**SECTION III — CLINICAL INFORMATION**

13. Has the recipient tried and failed loratadine (including loratadine products with or without pseudoephedrine) or had an adverse drug reaction? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, what adverse reaction has the recipient experienced that can be directly attributed to loratadine?	
14. Is the recipient between six months and two years of age? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
15. SIGNATURE — Prescriber	16. Date Signed

*Continued*

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**SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA**

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17. National Drug Code (11 digits)		18. Days' Supply Requested*
19. Wisconsin Medicaid Provider Identification Number (Eight digits)		
20. Date of Service (MM/DD/YYYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to fourteen days in the past.)		
21. Place of Service (Patient Location) (Use patient location code "00" [Not specified], "01" [Home], "04" [Long Term / Extended Care], "07" [Skilled Care Facility], or "10" [Outpatient])		
22. Assigned PA Number (Seven digits)		
23. Grant Date	24. Expiration Date	25. Number of Days Approved

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**SECTION V — ADDITIONAL INFORMATION**

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26. Include any additional information in the space below. For example, providers may include that this PA request is being submitted for a recipient who was granted retroactive eligibility by Wisconsin Medicaid, BadgerCare, or SeniorCare.

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\* Days' supply requested equals the total number of days requested for the PA. For example, for a one-year PA, providers should enter "365."